

Old Docket No.: 114205.1902
New Docket No.: 15101.01902

10/049502
PATENT/OFFICIAL
JC12 Rec'd PCT/PTO 13 FEB 2002

February 13, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE U.S. PCT OFFICE
In re Application of: **UNIVERSITY OF SOUTH FLORIDA**

Serial No.: **PCT/US01/19432**

Filed: **June**

For: **RhoB as a Suppressor of Cancer Cell Growth and Cell Transformation**

Old Docket No.: 114205.1902

New Docket No.: 15101.01902

Attn: RO/US Authorized Officer

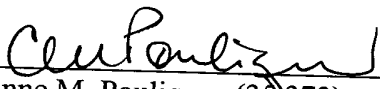
Sir or Madame:

COVER LETTER

Applicant herewith submits

- *PTO 1390 Transmittal Letter
- *PCT Request as filed
- *PCT Response as filed
- *PCT Designations confirmation
- *Cover letter
- *Postcard

Respectfully submitted,

BY: 
Corinne M. Pouliquen (35,373)
Reg. No. 35,753

KATTEN MUCHIN ZAVIS
Patent Administrator
525 West Monroe Street
Suite 1600
Chicago, IL 60661-3693
Facsimile: (312) 902-1061

Encs: PCT Request/PC

January 9, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE U.S. PCT OFFICE

In re Application of: **UNIVERSITY OF SOUTH FLORIDA**

Serial No.: **PCT/US01/19432**

Filed: **June 18, 2001**

For: **RhoB AS A SUPPRESSOR OF CANCER CELL GROWTH AND CELL TRANSFORMATION**

Old Docket No.: 114205.1901

New Docket No.: 15101.01901

Attn: RO/US Authorized Officer

Sir or Madame:

RESPONSE TO NOTIFICATION OF DEFECTIVE POWER OF ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS

In response to the Notification of Defective Power of Attorney or Defective Revocation of Power of Attorney dated 30 November 2001, Applicant herewith submits:

- *Delegation of Authorization of Applicant
- *Replacement PCT Request page 1, 3 and 5 indicating Change of Address
- *Cover letter

Respectfully submitted,

BY: Corinne M. Pouliquen
Corinne M. Pouliquen (35,373)
Reg. No. 35,753

KATTEN MUCHIN ZAVIS
Patent Administrator
525 West Monroe Street
Suite 1600
Chicago, IL 60661-3693
Facsimile: (312) 902-1061

Encs: PCT Request/Del.

Applicant: UNIVERSITY OF SOUTH FLORIDA

Attorney: Corinne M. Pouliquen, 35,753

Serial No. Response to NOTIFICATION OF DEFECTIVE POWER OF ATTORNEY IN THE INTERNATIONAL APPLICATION PCT/US01/19432

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

Prev Atty. Docket No. 114205.1901

New Atty. Docket No. 15101-01901

Date Mailed: January 9, 2002

- ☒ Memorandum of Delegation from University of South Florida (1 sheet)
- ☒ Response Cover Letter to PCT Receiving Office (1 page)
- ☒ PCT Request page 1 & 5 replacement indicating change of correspondence address

THE "RECEIVED" STAMP OF THE PATENT AND TRADEMARK OFFICE IMPRINTED HEREON
ACKNOWLEDGES THE ABOVE-REFERENCED FILING.

Applicant: UNIVERSITY OF SOUTH FLORIDA

Attorney: Corinne M. Pouliquen, 35,753

Serial No. Response to NOTIFICATION OF DEFECTIVE POWER OF ATTORNEY IN THE INTERNATIONAL APPLICATION PCT/US01/19432

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

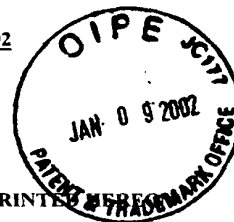
Prev Atty. Docket No. 114205.1901

New Atty. Docket No. 15101-01901

Date Mailed: January 9, 2002

- ☒ Memorandum of Delegation from University of South Florida (1 sheet)
- ☒ Response Cover Letter to PCT Receiving Office (1 page)
- ☒ PCT Request page 1 & 5 replacement indicating change of correspondence address

THE "RECEIVED" STAMP OF THE PATENT AND TRADEMARK OFFICE IMPRINTED HEREON
ACKNOWLEDGES THE ABOVE-REFERENCED FILING.



PATENT COOPERATION TREATY

PCT

NOTICE OF CONFIRMATION OF PRECAUTIONARY DESIGNATIONS

(to be filed with the receiving Office)

(PCT Rules 4.9(c) and 15.5)

Applicant's or agent's file reference 114205.1901	International filing date (day/month/year) 18 June 2001
International application No. PCT/US01/19432	(Earliest) Priority date (day/month/year) 16 June 2000
Applicant UNIVERSITY OF SOUTH FLORIDA	

1. The applicant hereby confirms the following designations made under Rule 4.9(b):

Name of State (specify if a regional patent and/or another kind of protection or treatment is/are desired)

Name of Applicant(s) for that State

Regional Patent:

AP ARIPO Patent

EA Eurasian Patent

EP European Patent

OA OAPI Patent

University of South Florida

University of South Florida

University of South Florida

University of South Florida

2. Prescribed fees (Applicants from certain States are entitled to a reduction of 75% of the designation fee and the confirmation fee. Where the applicant is (or all applicants are) so entitled, the total to be entered in the TOTAL box is 25% of the sum of the amounts entered at D and C. See Notes to the Fee Calculation Sheet as annexed to the Request Form. PCT/RO/101, for details.)

4 x 82 = 328 [D]
 Number of designations confirmed Amount of designation fee Total designation fee

Confirmation fee (50% of the above total) = 164 [C]

Total fees payable (D + C) = 492.00

TOTAL

Mode of payment (payment must accompany this notice):

☒ authorization to charge deposit account (see below)

☐ bank draft

☐ coupons

☒ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

for receiving Office use only

3. Signature of applicant or agent

Gilberto M. Villacorta, Ph.D.
 Gilberto M. Villacorta, Ph.D.
 Agent for the Applicant

Deposit account authorization

The RO/ US
☐

is hereby authorized to charge the total fees indicated above to my deposit account.

☒

is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

50-0436

31 August 2001

Deposit Account Number

Date (day/month/year)

Signature

Gilberto M. Villacorta, Ph.D.
 Gilberto M. Villacorta, Ph.D.

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of Receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 character maximum)
114205.1901

Box No. I TITLE OF INVENTION

RhoB AS A SUPPRESSOR OF CANCER CELL GROWTH AND CELL TRANSFORMATION

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

UNIVERSITY OF SOUTH FLORIDA
4202 E. Fowler Avenue FAO 126
Tampa, Florida 33620-7900
US

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purpose of:

☐ all designated States☒ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SEBTI, Said M.
8957 Magnolia Chase Circle
Tampa, Florida 33647
US

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
For the purpose of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
Of the applicant(s) before the competent International Authorities as:

☐ agent☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country.)

Gilberto M. Villacorta, Ph.D.
PEPPER HAMILTON LLP
600 Fourteenth Street, NW
Washington, DC 20005-2004
US

Telephone No.
(202) 220-1200

Facsimile No.
(202) 220-1201

Teleprinter No.

Agent's registration No. with the Office
34,038

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead a special address to which correspondence should be sent

Box No. V DESIGNATION OF STATES *Mark the applicable check boxes below, at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ **AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ **EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☐ **EP** **European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LU Luxembourg | |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DZ Algeria | | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | | Continuation-in-Part |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> GD Grenada | | <input checked="" type="checkbox"/> ZA South Africa |
| | | <input checked="" type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should

be included in the request

If, in any of the Boxes, except Boxes, Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;

if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box IV;

if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

Continuation of Box No. IV

Jean C. Edwards

Leo J. Jennings

Christopher J. Kay, Ph.D.

Robert A. Koons, Jr.

Mark Maloney

Matthew P. McWilliams

Thor B. Nielsen

Corinne M. Pouliquen

Sean Pryor

Paul D. Roath, Ph.D.

Kenneth J. Sheehan

Dawn M. Sims

James M. Singer

Edna Vassilovski

Gilberto M. Villacorta, Ph.D.

Continuation of Box No. V.

60/212,049 (US), filed: June 16, 2000

Box No. VI PRIORITY CLAIM				
The priority of the following earlier application(s) is hereby claimed:				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
Item (1) 16/06/2000	60/212,049	US		
Item (2)				
Item (3)				
Item (4)				
Item (5)				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box				
The receiving Office is requested to prepare and transit to the International Bureau a certified copy of the earlier application(s) <i>(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)</i> identified above as: <input type="checkbox"/> all items <input checked="" type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> item (5) <input type="checkbox"/> other, see Supplemental Box				
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / EP				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): International Searching Authority)				
Date (day/month/year)	Number	Country (or regional Office)		
Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):				Number of declarations
<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identify of the inventor :			0
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :			0
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :			0
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America) :			0
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :			0

Box No. IX CHECK LIST; LANGUAGE OF FILING																																																					
<p>This International application contains:</p> <p>(a) the following number of sheets in paper form:</p> <p style="margin-left: 20px;">request (including declaration sheet) : 4</p> <p style="margin-left: 20px;">description (excluding sequent listing part) : 19</p> <p style="margin-left: 20px;">claims : 2</p> <p style="margin-left: 20px;">abstract : 1</p> <p style="margin-left: 20px;">drawings : 4</p> <p style="margin-left: 20px;">Sub-total number of sheets : 30</p> <p style="margin-left: 20px;">sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) : 0</p> <p style="margin-left: 20px;">Total number of sheets : 30</p> <p>(b) sequence listing part of description filed in computer readable form</p> <p style="margin-left: 20px;">(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p style="margin-left: 20px;">(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p style="margin-left: 20px;">Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):</p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 85%;">fee calculation sheet</td> <td style="width: 5%; text-align: right;">1</td> </tr> <tr> <td>2.</td> <td><input type="checkbox"/></td> <td>original separate power of attorney</td> <td style="text-align: right;">0</td> </tr> <tr> <td>3.</td> <td><input type="checkbox"/></td> <td>original general power of attorney</td> <td style="text-align: right;">0</td> </tr> <tr> <td>4.</td> <td><input type="checkbox"/></td> <td>copy of general power of attorney; reference number, if any:</td> <td style="text-align: right;">0</td> </tr> <tr> <td>5.</td> <td><input type="checkbox"/></td> <td>statement explaining lack of signature</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6.</td> <td><input type="checkbox"/></td> <td>priority document(s) identified in Box No. VI as item(s)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7.</td> <td><input type="checkbox"/></td> <td>translation of international application into language</td> <td style="text-align: right;">0</td> </tr> <tr> <td>8.</td> <td><input type="checkbox"/></td> <td>separate indications concerning deposited microorganism or other biological material</td> <td style="text-align: right;">0</td> </tr> <tr> <td>9.</td> <td><input type="checkbox"/></td> <td>sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))</td> <td style="text-align: right;">0</td> </tr> <tr> <td></td> <td>(i) <input type="checkbox"/></td> <td>copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td> <td style="text-align: right;">0</td> </tr> <tr> <td></td> <td>(ii) <input type="checkbox"/></td> <td>(only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td> <td style="text-align: right;">0</td> </tr> <tr> <td></td> <td>(iii) <input type="checkbox"/></td> <td>together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column</td> <td style="text-align: right;">0</td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/></td> <td>other (specify)</td> <td style="text-align: right;">0</td> </tr> </table>	1.	<input checked="" type="checkbox"/>	fee calculation sheet	1	2.	<input type="checkbox"/>	original separate power of attorney	0	3.	<input type="checkbox"/>	original general power of attorney	0	4.	<input type="checkbox"/>	copy of general power of attorney; reference number, if any:	0	5.	<input type="checkbox"/>	statement explaining lack of signature	0	6.	<input type="checkbox"/>	priority document(s) identified in Box No. VI as item(s)	0	7.	<input type="checkbox"/>	translation of international application into language	0	8.	<input type="checkbox"/>	separate indications concerning deposited microorganism or other biological material	0	9.	<input type="checkbox"/>	sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	0		(i) <input type="checkbox"/>	copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	0		(ii) <input type="checkbox"/>	(only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	0		(iii) <input type="checkbox"/>	together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	0	10.	<input type="checkbox"/>	other (specify)	0
1.	<input checked="" type="checkbox"/>	fee calculation sheet	1																																																		
2.	<input type="checkbox"/>	original separate power of attorney	0																																																		
3.	<input type="checkbox"/>	original general power of attorney	0																																																		
4.	<input type="checkbox"/>	copy of general power of attorney; reference number, if any:	0																																																		
5.	<input type="checkbox"/>	statement explaining lack of signature	0																																																		
6.	<input type="checkbox"/>	priority document(s) identified in Box No. VI as item(s)	0																																																		
7.	<input type="checkbox"/>	translation of international application into language	0																																																		
8.	<input type="checkbox"/>	separate indications concerning deposited microorganism or other biological material	0																																																		
9.	<input type="checkbox"/>	sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	0																																																		
	(i) <input type="checkbox"/>	copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	0																																																		
	(ii) <input type="checkbox"/>	(only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	0																																																		
	(iii) <input type="checkbox"/>	together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	0																																																		
10.	<input type="checkbox"/>	other (specify)	0																																																		
<p>Figure of the drawings which should accompany the abstract: Figure</p>	<p>Language of filing of the International application: English</p>																																																				
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p style="font-family: cursive; font-size: 1.2em;">Gilberto M. Villacorta, Ph.D.</p> <p>Gilberto M. Villacorta, Ph.D. Agent for Applicant</p> </div>																																																					

<p>1. Date of actual receipt of the purported international application:</p>	For receiving Official Use Only	<p>2. Drawings</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>
<p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p>		
<p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p>		
<p>5. International Searching Authority (if two or more are competent):</p>	<p>ISA /</p>	<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>

<p>Date of receipt of the record copy by the International Bureau:</p>	<p>For International Bureau use only</p>
--	--

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of Receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 character maximum)
114205.1901

Box No. I TITLE OF INVENTION:

RhoB AS A SUPPRESSOR OF CANCER CELL GROWTH AND CELL TRANSFORMATION

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

UNIVERSITY OF SOUTH FLORIDA
4202 E Fowler Avenue, FAO 126
Tampa, Florida 33620-7900
US

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purpose of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SEBTI, Said M.
8957 Magnolia Chase Circle
Tampa, Florida 33647
US

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box
is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
For the purpose of:

☐ all designated
States

☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
Of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country.)

Pouliquen, Corinne M.
KATTEN MUCHIN ZAVIS
Customer No. 27160
525 West Monroe Street, Suite 1600
Chicago, Illinois 60661-3693

Telephone No.
202-625-3500

Facsimile No.
312-902-1061

Teleprinter No.

Agent's registration No. with the Office
35,753

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead a special address to which correspondence should be sent

Box No. IX CHECK LIST; LANGUAGE OF FILING

This International application contains:

(a) the following number of sheets in paper form:

request (including declaration sheet) : 5
 description (excluding sequent listing part) : 19
 claims : 2
 abstract : 1
 drawings : 4

Sub-total number of sheets : 31

sequence listing part of description (*actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below*) : 0

Total number of sheets : 31

(b) sequence listing part of description filed in computer readable form

- (i) ☐ only (under Section 801(a)(i))
 (ii) ☐ in addition to being filed in paper form (under Section 801(a)(ii))

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (*additional copies to be indicated under item 9(ii), in right column:*

This international application is accompanied by the following item(s) (*mark the applicable check-boxes below and indicate in right column the number of each item*):

1. ☒ fee calculation sheet
 2. ☐ original separate power of attorney
 3. ☐ original general power of attorney
 4. ☐ copy of general power of attorney; reference number, if any:
 5. ☐ statement explaining lack of signature
 6. ☐ priority document(s) identified in Box No. VI as item(s)
 7. ☐ translation of international application into language
 8. ☐ separate indications concerning deposited microorganism or other biological material
 9. ☐ sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))
 (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)
 (ii) ☐ (*only where check-box (b)(i) or (b)(ii) is marked in left column*) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter
 (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column
 10. ☐ other (*specify*)

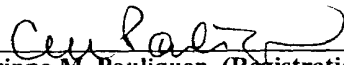
Number of items

Figure of the drawings which Should accompany the abstract: Figure 1

Language of filing of the International application: English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


 Corinne M. Poulquien, (Registration No. 35,753)
 Agent for the Applicant(s)

1. Date of actual receipt of the purported international application:		For receiving Official Use Only		2. Drawings	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:				<input type="checkbox"/> received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):				<input type="checkbox"/> not received:	
5. International Searching Authority (if two or more are competent):	ISA /EP	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid			

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

UNIVERSITY OF SOUTH FLORIDA

Office of the President

MEMORANDUM OF DELEGATION

DATE: November 14, 2001

SUBJECT: Delegation of Authority to Execute Documents Necessary
to Secure Letters of Patent, Copyrights, and Trademarks

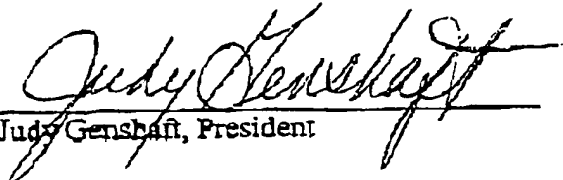
Florida Statutes Section 229.0082 provides in part:

The president is the Chief Executive Officer of the University, shall be Corporate Secretary of the State University Board of Trustees, and is responsible for the operation and administration of the University.


Florida Statutes Section 240.299 (1) provides in part:

Each university is authorized, in its own name, to (1) perform all things necessary to secure letters of patent, copyrights, and trademarks on any work product and to enforce its rights therein.

In accordance with the foregoing statutory provisions, I hereby delegate to the Vice President for Research, the Assistant Vice President for Research, and the Director of the Division of Patents and Licensing of the University of South Florida the authority to sign any and all documents necessary to secure letters of patent, copyrights, and trademarks on any work products and to enforce its rights therein. The above-described authority to execute instruments may not be further delegated.


Judy Genshaft, President

DelegationMemo111401

APPROVED AS TO
FORM AND LEGALITY
HENRY W. LAVANDER
ATTORNEY USF

BOX PCT

The Patent Office acknowledges the attached document (s) and has stamped the date of receipt hereon of the items checked:

Doc. No. 114205.1901 PCT
Applicant: UNIVERSITY OF SOUTH FLORIDA
Serial No.: PCT/US01/19432 Filed: 18 June 2001

(X) RESPONSE TO INVITATION TO CORRECT DEFECTS IN THE INTERNATIONAL APPLICATION

- Executed PCT Power of Attorney document on behalf of the Applicant, University of South Florida
- Executed PCT Power of Attorney document on behalf of the Applicant/Inventor, Said M. Sebti

DATE: September 10, 2001

By: GMV/CJK/rbh

BOX PCT

The Patent Office acknowledges the attached document (s) and has stamped the date of receipt hereon of the items checked:

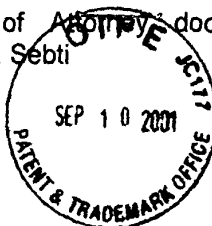
Doc. No. 114205.1901 PCT
Applicant: UNIVERSITY OF SOUTH FLORIDA
Serial No.: PCT/US01/19432 Filed: 18 June 2001

(X) RESPONSE TO INVITATION TO CORRECT DEFECTS IN THE INTERNATIONAL APPLICATION

- Executed PCT Power of Attorney document on behalf of the Applicant, University of South Florida
- Executed PCT Power of Attorney document on behalf of the Applicant/Inventor, Said M. Sebti

DATE: September 10, 2001

By: GMV/CJK/rbh



BOX PCT

The Patent Office acknowledges the attached patent application and has stamped the date of receipt hereon of the items checked: **EARLY SERIAL NUMBER**

Doc. No. 114205.1901 PCT

Applicant(s): UNIVERSITY OF SOUTH FLORIDA et al.

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

NEW PCT APPLICATION ENCLOSING THE FOLLOWING:

(X) # Sheets of Description: 19

(X) # Sheets of Request: 4

(X) # Sheets of Claims: 2

(X) # Sheets of Abstract: 1

(X) # Sheets of Drawings 4

(X) # Sheet Fee Calculation Sheet: 1

Check #: _____ Fee(s): **\$ DEFERRED FEES**

Initials GMV/rbh

Date: June 18, 2001

BOX PCT

The Patent Office acknowledges the attached patent application and has stamped the date of receipt hereon of the items checked:

Doc. No. 114205.1901 PCT

Applicant(s): UNIVERSITY OF SOUTH FLORIDA et al.

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

NEW PCT APPLICATION ENCLOSING THE FOLLOWING:

(X) # Sheets of Description: 19

(X) # Sheets of Request: 4

(X) # Sheets of Claims: 2

(X) # Sheets of Abstract: 1

(X) # Sheets of Drawings 4

(X) # Sheet Fee Calculation Sheet: 1

Check #: _____ Fee(s): **\$ DEFERRED FEES**

Initials GMV/rbh

Date: June 18, 2001

PEPPER HAMILTON LL
WASHINGTON OFFICE PTO ACCOUNT
600 FOURTEENTH STREET NW
WASHINGTON, DC 20005-2004

FIRST UNION NATIONAL BANK
15-122/540 40212

JC12 Rec'd PCT/PTO

10/0495021983
13 FEB 2002
8/31/2001

PAY TO THE ORDER OF USPTO

\$ **492.00

Four Hundred Ninety-Two and 00/100***** DOLLARS

TWO SIGNATURE REQUIRED FOR AMOUNTS OVER \$500.00
VOID AFTER 180 DAYS

MEMO

G- PCT fees for filing notice of confirmation of Precaution

AUTHORIZED SIGNATURE

⑈001983⑈ ⑆054001220⑆2000006113892⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

BOX PCT

The Patent Office acknowledges the attached documents and has stamped the date of receipt hereon of the items checked:

Doc. No.: 114205.1901 PCT

Applicant(s): UNIVERSITY OF SOUTH FLORIDA

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

Application No.: PCT/US01/19432 Filed: 18 June, 2001

(X) NOTICE OF CONFIRMATION OF PRECAUTIONARY DESIGNATIONS

Check #: 1983 Fee: \$ 492.00

BOX PCT

The Patent Office acknowledges the attached documents and has stamped the date of receipt hereon of the items checked:

Doc. No.: 114205.1901 PCT

Applicant(s): UNIVERSITY OF SOUTH FLORIDA

Title: RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation

Application No.: PCT/US01/19432 Filed: 18 June, 2001

(X) NOTICE OF CONFIRMATION OF PRECAUTIONARY DESIGNATIONS

Check #: 1983 Fee: \$ 492.00

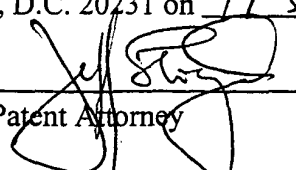
Date: August 31, 2001



Initials: GMV/rbh

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents
Washington, D.C. 20231 on 19 SEPT. 2002

TRANSMITTAL LETTER
Patent Application
EXAMINING GROUP 1646
Docket No. USF-T144X
Serial No. 10/049,502


Jeff Lloyd, Patent Attorney

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1646
Applicant(s) : Said M. Sebti
Serial No. : 10/049,502
Filed : July 1, 2002
For : RhoB as a Suppressor of Cancer Cell Growth and Cell Transformation

Assistant Commissioner for Patents
Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME UNDER 37 CFR §1.136(a)

Sir:

Applicant requests that the period for response to the Notification of Missing Requirements Under 35 USC 371 mailed May 14, 2002 be extended three months through and including October 14, 2002. A late-filed Declaration and Power of Attorney document accompanies this response. Please charge the fee of \$460.00 to Deposit Account 19-0065.

Any additional fees as required by 37 CFR 1.16 or 1.17 should be charged to Deposit Account No. 19-0065. Two copies of this Petition are enclosed for authorization of charges to the Deposit Account.

Respectfully submitted,


Jeff Lloyd
Patent Attorney

Registration No. 35,589
Phone No.: 352-375-8100
Fax No.: 352-372-5800
Address : Saliwanchik, Lloyd & Saliwanchik
A Professional Association
2421 N.W. 41st Street, Suite A-1
Gainesville, FL 32606-6669

JL/srp

Attachments: Transmittal Letter; Late-filed Declaration and Power of Attorney



PATENT COOPERATION TREATY
IN THE UNITED STATES RECEIVING OFFICE

International Application No.	International Filing Date	Priority Date Claimed
PCT/US01/19432	18 June 2001	16 June 2000

Title of Invention

**RhoB AS A SUPPRESSOR OF CANCER CELL GROWTH AND CELL
TRANSFORMATION**

Applicant

UNIVERSITY OF SOUTH FLORIDA et al.

Assistant Commissioner for Patents

Attn.: RO/US

Box PCT

Washington, D.C. 20231

APPROVED

**REQUEST FOR FIRST EXTENSION OF TIME TO
RESPOND TO INVITATION TO CORRECT DEFECTS
IN THE INTERNATIONAL APPLICATION**

Sir:

In response to the Invitation to Correct Defects in the International Application, Form PCT/RO/106, dated 11 July 2001, Applicant respectfully requests a first extension of time of one month, until **11 September 2001**, to correct the defects indicated in the international application.

Respectfully submitted,

Christopher J. Kay, Ph.D.
Registration No. 44,820

Date: 13 August 2001

Pepper Hamilton, LLP
600 Fourteenth Street, NW
Washington, DC 20005-2004
(202) 220-1200

TRANSMITTAL LETTER TO
UNITED STATES RECEIVING OFFICE

Date	18 June 2001
International Application No.	TBA
Attorney Docket No.	114205.1901

10/049502

JG12 Rec'd PCT/PTO 13 FEB 2002

I. Certification under 37 CFR 1.10 (if applicable)

Express Mail mailing number

Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231

Signature of person mailing correspondence
--

Typed or printed name of person mailing correspondence
--

II. [X] New International Application

TITLE	RhoB As A Suppressor of Cancer Cell Growth and Cell Transformation
-------	--

Earliest priority date (Day/Month/Year)
16 June 2001

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. ☐ The invention disclosed was not made in the United States.
 B. ☐ There is no prior U.S. application relating to this invention.
 C. ☒ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority)

application no.	60/212,049	filed on	16 June 2000
application no.		filed on	

- D. ☐ The present international application ☐ is identical to ☐ contains less subject matter than that found in the prior U.S. application(s) identified in paragraph C above.
 E. ☐ The present international application ☐ contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C above. The additional subject matter ☐ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15.

III. ☐ A Response to an Invitation from the RO/US. The following document(s) is(are) enclosed:

- A. ☐ A Request for An Extension of Time to File a Response
 B. ☐ A Power of Attorney (General or Regular)
 C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

- D. ☐ Submission of Priority Documents
 E. ☐ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

IV. ☐ A Request for Rectification under PCT Rule 91 ☐ A Petition ☐ A Sequence Listing Diskette

V. ☐ Other (please identify):

The person signing this form is the: ☐ Applicant ☒ Attorney/Agent (Reg. No. 34,038) ☐ Common Representative

Typed name of signer	Gilberto M. Villacorta, Ph.D.	Signature	<i>Christoph B. Kay</i> , REG. No. 44,820 F R GILBERTO M. VILLACORTA
----------------------	-------------------------------	-----------	---